

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/590479

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER		AFTER	
	Article 34		1 st AMENDMENT		2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
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50						
TOTAL IND.	2	↓	2	↓	0	↓
TOTAL DEP.	26	←	24	←	0	←
TOTAL CLAIMS	28		26		0	

	AS FILED		AFTER		AFTER	
	1 st AMENDMENT		2 nd AMENDMENT		2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	